FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1665

Registration District No. 48 Primary Registration District No. 4024 Registrar's No. 4

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Lamar (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 85 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Lamar (If outside city or town limits, write "RURAL")
(d) Street No. 700 So. Grand (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Melissie Jane Haslam
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thomas Haslam
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 7 (Day) 1865 (Year)
8. AGE: Years 85 Months 7 Days 18 If less than one day hr. min.
9. Birthplace Barton County, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name John McDonald
13. Birthplace McDonald County, Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sara Garver
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Elmer Haslam
(b) Address Lamar, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Cemetery
18. (a) Signature of funeral director Konantz Funeral Home
(b) Address Lamar, Mo.
19. (a) Jan-26-1941 (Date received local registrar) (b) Mrs Josephine Mynatt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25th year 1941 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov. 24, 1940, to Jan. 25, 1941; that I last saw her alive on Jan 22, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	5 Days
Due to Fracture of neck of right femur	Nov. 24
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	PHYSICIAN
Of autopsy	Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Jerry T. Bickel (M. D. or other) M.D.
Address Lamar, Mo. Date signed Jan. 26 1941

(Licensed Embalmer's Statement on Reverse Side)

1945

Office No. B
141-232

Da FEB 8 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Lucie S Hubbard

Licensed Embalmer No. 3550

P. O. Address Lamar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

2B
1-40
22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1665

Registration District No. 40 — Primary Registration District No. 4024 — Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Melissia Jane Haslem

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 18 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month / day 28 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Bronchopneumonia

Due to Fracture Neck of Femur

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident fall in home
(b) Date of occurrence Nov. 23 - 1940
(c) Where did injury occur? Lamar (City or town) Barton (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Vern T. Bickel (M. D. or other)
Address Date signed

S-1665